

Louisiana State Board of Medical Examiners

P. O. Box 30250, New Orleans, LA 70190-0250

Telephone: (504) 568-6820



Notice to Request Inactive Status

Physician Assistant: _____ **License #** _____

Supervising Physicians: (List all physicians associated with you. Include their license numbers, business address, and phone number).

Name of Supervising Physician(s)	License #	Supervising Physician Address	Phone Number

Reason for inactive status request: _____

Physician Assistant Signature: _____

Date: _____